Fill in this infor	mation to identi	fy your case:			
Case number (if known)	Richard First Name Elizabeth First Name kruptcy Court for the 1:24-bk-03246	Alver Middle Name Karen Middle Name MIDDLE DIST	Coon Last Name Coon Last Name T. OF PENNSYLVANIA	Che	An amended filing A supplement showing postpetition chapter 13 income as of the following date: MM / DD / YYYY
Official Form 1 Schedule I: Ye					12/15
responsible for supp include information about your spouse. your name and case	olying correct inforr about your spouse. If more space is ne number (if known).	nation. If you are If you are separa eded, attach a sep Answer every qu	married and not filing join ited and your spouse is no parate sheet to this form.	tly, and your t filing with y	I Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
Part 1: Desc	ribe Employmeı	nt			
 Fill in your emp information. If you have more job, attach a sep with information a 	than one arate page Emp l	oyment status	Debtor 1 ☑ Employed ☐ Not employed		Debtor 2 or non-filing spouse ☑ Employed ☐ Not employed

Part 2: Give Details About Monthly Income

Occupation

Employer's name

Employer's address

How long employed there?

additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include

applies.

student or homemaker, if it

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

Retired

Number Street

City

Retired

Number Street

City

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

				For Deptor 1	non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.		\$0.00	\$0.00
3.	Estimate and list monthly overtime pay.	3.	+	\$0.00	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.		\$0.00	\$0.00

State Zip Code

State Zip Code

7.

Elizabeth Karen Coon Case number (if known) 1:24-bk-03246 For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here \$0.00 \$0.00 List all payroll deductions: \$0.00 5a. Tax, Medicare, and Social Security deductions 5a. \$0.00 5b. Mandatory contributions for retirement plans 5b \$0.00 \$0.00 \$0.00 \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 \$0.00 5e 5e. Insurance \$0.00 \$0.00 5f. Domestic support obligations 5f. \$0.00 \$0.00 5g. Union dues 5g. 5h. Other deductions. \$0.00 \$0.00 5h.+ Specify: Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 6 \$0.00 \$0.00 5a + 5hCalculate total monthly take-home pay. Subtract line 6 from line 4. \$0.00 \$0.00 List all other income regularly received: 8a. Net income from rental property and from operating a 8a \$1,460.00 \$0.00 business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. \$0.00 \$0.00 8c. Family support payments that you, a non-filing spouse, or a \$0.00 \$0.00 dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.00 \$0.00 8e. Social Security 8e. \$1,550.00 \$1,000.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any noncash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: \$0.00 \$0.00 8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. Other monthly income. 8h.+ Specify: SNAP \$540.00 \$0.00 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. \$3,550.00 \$1,000.00 10. Calculate monthly income. Add line 7 + line 9. \$3,550.00 \$1,000.00 \$4,550.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Children's contribution \$500.00 11. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly 12. \$5,050.00 income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, Combined if it applies. monthly income

None.

✓ No.

Yes. Explain:

13. Do you expect an increase or decrease within the year after you file this form?

Fill in this inforr					Che	eck if this	s is:	
Debtor 1	Richard First Name	Alver Middle Name	Coor Last N		An amended filing			nootnotition
Debtor 2 (Spouse, if filing)	Elizabeth First Name	Karen Middle Name	Coor		╽⊔	A supplement showing postpetition chapter 13 expenses as of the following date:		
()								_
United States Bank Case number	1:24-bk-03246	-	OF PENNS	STLVANIA		MM / D	D / YYYY	
(if known)	1.24-08-03240	,						
fficial Form 10	<u> </u>							
chedule J: Ye	our Expense	es						12/1
orrect information.	If more space is n	•	er sheet to	ling together, both a this form. On the top	-	-	-	
Part 1: Descr	ibe Your Hous	ehold						
Is this a joint cas	se?							
_ ✓ No	Debtor 2 live in a s	separate household?		es for Separate House	hold o	of Debtor	2.	
Do you have dep	endents? ✓	No	•	·				
Do not list Debtor Debtor 2.				Dependent's relati Debtor 1 or Debtor		p to	Dependent's age	Does depende live with you?
Do not state the d names.	lependents'							Yes No No No Yes No Yes No No No No No No
Do your expense expenses of peo yourself and you	ple other than	✓ No ☐ Yes						- □ Yes
Part 2: Estim	ate Your Ongo	ing Monthly Exp	enses					
•	s of a date after th		-	are using this form as a supplemental Sche			-	
-		sh government assis on Schedule I: Your I	-				Your expens	ses
		penses for your residence and rent for the grou					4.	\$2,745.59
If not included in	line 4:							
4a. Real estate t	axes						4a	
4b. Property, hor	meowner's, or rente	er's insurance					4b	\$0.0
4c. Home mainte	enance, repair, and	d upkeep expenses					4c	\$150.0
4-1 11	s association or co						4d	

Case number (if known) 1:24-bk-03246

		Your exper	ises
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$159.29
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a	\$177.00
	6b. Water, sewer, garbage collection	6b	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$120.00
	6d. Other. Specify: Phone, Cable, ISP	6d.	\$200.00
7.	Food and housekeeping supplies	7.	\$540.00
8.	Childcare and children's education costs	8.	
9.	Clothing, laundry, and dry cleaning	9.	
10.	Personal care products and services	10.	
11.	Medical and dental expenses	11	\$0.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$158.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	
14.	Charitable contributions and religious donations	14.	\$0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	\$100.00
	15b. Health insurance	15b.	
	15c. Vehicle insurance	15c	\$300.00
	15d. Other insurance. Specify:	15d.	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify: Social Security not devoted to plan	17d	\$200.12
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	
19.	Other payments you make to support others who do not live with you. Specify:	19.	
20.	Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	10.	
	20a. Mortgages on other property	20a	
	20b. Real estate taxes	20b.	
	20c. Property, homeowner's, or renter's insurance	20c	
	20d. Maintenance, repair, and upkeep expenses	20d	
	20e. Homeowner's association or condominium dues	20e	

Debtor 1 Debtor 2		Richard Alver Coon Elizabeth Karen Coon	Case number (if known)	1:24-bk-03246		
21.	Other.	Specify:	21. +_			
22.	Calcula	ate your monthly expenses.				
	22a. /	Add lines 4 through 21.	22a	\$4,850.00		
	22b. (Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b	_		
	22c. /	Add line 22a and 22b. The result is your monthly expenses.	22c	\$4,850.00		
23.	Calcula	ate your monthly net income.				
	23a. (Copy line 12 (your combined monthly income) from Schedule I.	23a	\$5,050.00		
	23b. (Copy your monthly expenses from line 22c above.	23b. _ _	\$4,850.00		
		Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$200.00		
24. Do yo		expect an increase or decrease in your expenses within the year after you file	le this form?			
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
	✓ No	es. Explain here: None.				

Main Document